FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 8 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

21824
State File No.

Registration District No. 324 — Primary Registration District No. 3072 — Registrar's No. 136

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgibbon Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 9 days (Specify whether
In this community: Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Saline 97
(c) City or town: Marshall 1
(If outside city or town limits, write "RURAL")
(d) Street No.: S. Sharp. 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: MARGARET SMITH
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: Fe
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Hezekiah Smith
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: May - 30 - 1866 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	0	21	hr. min.

9. Birthplace: Saline Co (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation: Housewife
11. Industry or business
FATHER
12. Name: John Allen
13. Birthplace: Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant: Mrs Alfred L. Moore
(b) Address: Marshall Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Shilo Cem. Saline Co Mo
18. (a) Signature of funeral director: Harry Hershberger
(b) Address: Marshall Mo
19. (a) June 22-1948 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature) 25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1948 hour 11 minute 12 P M.
21. I hereby certify that I attended the deceased from June 1, 1948 to June 21, 1948 that I last saw her alive on June 21, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Arterial Sclerosis — Duration: 5 yrs
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 97
Of autopsy

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature: [signature] (M. D. or other)
Address: Marshall Mo. Date signed 6/24/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-2-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Joseph R. Mackler, Registered Apprentice No. 43, working under my personal supervision.

Signed Harry Hershberger
Licensed Embalmer No. 4357
P. O. Address Marshall Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.